

## APPLICATION FOR DETERMINATION OF INSURED STATUS

Please Print

1. SOCIAL SECURITY ACCOUNT NUMBER

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2. NAME:

LAST

FIRST

MIDDLE

Other Name Worked Under:

3. ADDRESS:

CITY

STATE

ZIP CODE

4. TELEPHONE NUMBER: (808)

SEX:

Male ☐Female ☐

5. MARITAL STATUS:

Single ☐Married ☐Divorced ☐Widowed ☐Separated ☐

6. NUMBER OF DEPENDENTS

YEARS OF EDUCATION

YOUR BIRTH DATE

7. I certify, under penalty of perjury, that I am a citizen or national of the U.S. ☐ YES ☐ NO. If no, I am in a satisfactory immigration status ☐ YES ☐ NO. Alien Reg. No. \_\_\_\_\_ Place of Birth \_\_\_\_\_8. Will you be referred to your next job by a labor union? \_\_\_\_\_ ☐ YES ☐ NO

If yes, union name: \_\_\_\_\_

Local Number: \_\_\_\_\_

9. Did you work this week? \_\_\_\_\_ ☐ YES ☐ NO

If yes, hours worked: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ /hour/month

Gross Pay: \$ \_\_\_\_\_

10. Are you required to make or do you owe child support payments? \_\_\_\_\_ ☐ YES ☐ NO

If yes, where (state)? \_\_\_\_\_

## FOR OFFICE USE ONLY

CLAIM: IC AC Reopen

PROGRAM: REG EB OTHER

FILE DATE: \_\_\_\_\_

BYB/EFF DATE: \_\_\_\_\_

LO: \_\_\_\_\_ PART/TIME T P B

TRANS: Y N OCC

RACE: W B I S H C F J O A P

ETHNIC: 1 2 3

M.C. INSTRUCTIONS GIVEN \_\_\_\_\_

PAMPHLET GIVEN \_\_\_\_\_

BRI GIVEN \_\_\_\_\_

SSN VERIFIED \_\_\_\_\_

STOP MONETARY \_\_\_\_\_

REMARKS

EUC

## FOR OFFICE USE ONLY

11. WORK RECORD: LIST ALL EMPLOYMENT FULL-TIME OR PART-TIME FOR THE PAST 18 MONTHS BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. INCLUDE FEDERAL, CIVILIAN, MILITARY, AND OUT-OF STATE EMPLOYMENT.

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE EMPLOYED \_\_\_\_\_

PH. NO. \_\_\_\_\_ EMPLOYMENT TYPE: FULL-TIME ☐ PART-TIME ☐

From \_\_\_\_\_ to: \_\_\_\_\_

Type of work \_\_\_\_\_

Reason for Separation: Laid Off-Lack of Work ☐  
Quit ☐ Discharged ☐ Other ☐ Still Employed ☐

Explain: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE EMPLOYED \_\_\_\_\_

PH. NO. \_\_\_\_\_ EMPLOYMENT TYPE: FULL-TIME ☐ PART-TIME ☐

From \_\_\_\_\_ to: \_\_\_\_\_

Type of work \_\_\_\_\_

Reason for Separation: Laid Off-Lack of Work ☐  
Quit ☐ Discharged ☐ Other ☐ Still Employed ☐

Explain: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE EMPLOYED \_\_\_\_\_

PH. NO. \_\_\_\_\_ EMPLOYMENT TYPE: FULL-TIME ☐ PART-TIME ☐

From \_\_\_\_\_ to: \_\_\_\_\_

Type of work \_\_\_\_\_

Reason for Separation: Laid Off-Lack of Work ☐  
Quit ☐ Discharged ☐ Other ☐ Still Employed ☐

Explain: \_\_\_\_\_

12. Were you a director, officer, owner or shareholder of a business or corporation within the past 15 months? \_\_\_\_\_ ☐ YES ☐ NO

If yes, Name of Business \_\_\_\_\_

13. Are you receiving or have you applied for any type of pension or social security retirement benefits? \_\_\_\_\_ ☐ YES ☐ NO

If yes, amount you are receiving monthly: \$ \_\_\_\_\_

14. Have you claimed, received, or applied for unemployment benefits in the past year? \_\_\_\_\_ ☐ YES ☐ NO

If yes, where? City \_\_\_\_\_

15. Do you wish to have taxes withheld? \_\_\_\_\_ ☐ YES ☐ NO

I request a determination of entitlement to unemployment benefits. I understand that P.L. 98-369 requires that I furnish my Social Security number and that information regarding my claim may be furnished to authorized agencies for the purposes of income and eligibility determination. In compliance with P.L. 93-579, I authorize my former employer(s) to release all information requested in connection with my claim for unemployment insurance benefits. I have been advised that to be eligible for unemployment insurance benefits, I must register for work with the State Workforce Development Division or Union Hiring Hall within 7 days.

I CERTIFY that the information I have provided above is true to the best of my knowledge. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS OR FOR WITHHOLDING INFORMATION IN CONNECTION WITH THIS CLAIM.

INTERVIEWER'S SIGNATURE

CLAIMANT'S SIGNATURE

DATE